



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

RALPH T. HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GA 30334
(404) 656-2056
www.oci.ga.gov

1-1-2012

Instructions for Requesting Name Approval

The use of a business name including any of the following seven words requires a letter of approval from the Office of Commissioner of Insurance.

1. **Insurance**
2. **Surety**
3. **Fidelity**
4. **Assurance**
5. **Reinsurance**
6. **Indemnity**
7. **Reassurance**

To request name approval, please submit a letter providing the proposed name and the nature of the business. The fee for name approval is \$50; check or money order must be made payable to Georgia Commissioner of Insurance. A letter of approval will be issued by mail once name approval has been granted.

Mail your request for name approval to:

Office of Commissioner of Insurance
Attn: Regulatory Services Division
2 Martin Luther King, Jr. Drive
7th Floor, West Tower
Atlanta, GA 30334

**** Do not attach any Name Change, License Renewal or Resident/Nonresident Agency Application forms to this request. These forms must be mailed to Pearson VUE/GID, PO Box 281137, Atlanta, GA 30384-1137.**



COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
AGENCY LICENSE APPLICATION

1. GENERAL INSTRUCTIONS

All questions should be directed to Pearson VUE at (888) 204-6204 between the hours of 7am and 6pm Monday through Friday, EST.

- A. This request for Agency License should be submitted by agencies located in the State of Georgia as required by Georgia law 33-23-1. An agency is defined as "a person who represents one or more insurers and is engaged in the business of soliciting or procuring insurance or applications for insurance or countersigning, issuing, or delivering contracts of insurance for one or more insurers." This form is not intended for use as an agency license renewal form. Licensed agencies will receive a license renewal notice each August which must be submitted by November 1st.
- B. In the appropriate box, indicate whether the agency is a principal or branch office. Note: If the true principal agency location is not in Georgia, you must designate the first branch within Georgia to be licensed as the "principal" location.
- C. If you are applying as a branch office, the application must contain the appropriate information regarding the principal agency office. Failure to include this information will result in your application not being processed.
- D. Each application must include appropriate information regarding any required name approval letter, the licensed/unlicensed officers, licensed/unlicensed employees, and company affiliations associated with the agency location. Identify the agency on each page used for the completion of this application by entering in the agency's name, license number, and FEIN or SSN.
- E. For each of the agency's owners, officers, and/or directors who are not licensed in the state of Georgia, a completed form GID-130S must be submitted with this application.
- F. All applicants for agency licensure must also submit form GID276-EN.
- G. Return the appropriate payment to: GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 281137, Atlanta 30384-1137.
- H. Checks and money orders must be made payable to Pearson VUE/GID.

2. AGENCY

Print the agency's name and FEIN (tax ID number) in the boxes provided. Print the agency's full address in the boxes provided as well as phone and fax numbers. A street address must be provided even if a P.O. Box is preferred for mailing.

Agency Name	Year first operated in Georgia as an agency (yyyy)	
DBA Name or Trade Name	FEIN (tax ID) or SSN	
Business Street Address (Suite number, floor number, etc.)	Business Phone Number	Business Fax Number
City	State	ZIP+4
Mailing Address (Suite number, floor number, etc.)		
City	State	ZIP+4

OFFICE ONLY
Name ☐
Address ☐

3. PAYMENT

Fill in the license type for which the agency is applying.

- Agency Type: ☐ Principal Agency (\$50) (If the true principal agency location is not in Georgia, you must designate the first branch located within Georgia to be licensed as the "principal" location.)
- ☐ Branch Agency (\$10) (If this a branch location, you must provide the name and license number of the principal agency location with which you are affiliated.)

Principal Agency Name	Are you a Financial Institution Agency selling insurance in or through your location? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Principal Agency License Number		

OFFICE ONLY	Enclosed is \$	OFFICE ONLY

4. AFFIRMATION

I hereby certify that all the information in this entire application, form GID 130, including any documents attached hereto, is true and correct to the best of my knowledge and belief. I further certify that I have attached all applicable supplementary documents, and I understand that failure to do so will result in regulatory action.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I have enclosed a list of licensed owners/officers/directors. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I have enclosed _____ (quantity) GID130S forms; one for each unlicensed owners/officers/director. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I have enclosed a list of licensed employees. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I have enclosed a list of unlicensed employees containing _____ (quantity) names. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I have enclosed a list of company affiliations. |

SIGNATURE OF HIGHEST RANKING AGENCY OFFICIAL _____ HIGHEST RANKING AGENCY OFFICIAL NAME _____ DATE _____

Subscribed and sworn to before me this ____ day of _____, 20 ____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE _____

MY COMMISSION EXPIRES _____

(SEAL)

Return this form, along with payment to: Georgia Insurance Department/Pearson VUE, PO Box 281137, Atlanta, GA 30384-1137. Checks must be made payable to Pearson VUE/GID.



**COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
AGENCY LICENSE APPLICATION**

BACKGROUND INFORMATION

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense? Yes_ No_
2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a crime or had a judgment withheld or deferred which has not been previously reported to this state? Yes_ No_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
 - b) a copy of the charging document,
 - c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.
3. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this state? Yes_ No_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license; identifying all parties involved (including their percentage of ownership, if any and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334****www.oci.ga.gov****Illegal Immigration Reform And Enforcement Act
Notice****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)**

In accordance with O.C.G.A. § 50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with every application submitted to this Office:**

- 1. A signed and notarized copy of the attached Citizenship Affidavit Form; and**
- 2. A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*

All applicants are required to submit LEGIBLE COPIES of these two (2) documents before an application can be processed. If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents.

In addition, if you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

MAILING INSTRUCTIONS

Submit the two (2) required documents referenced above with your complete application to the email address (if submitted digitally) **OR** to the mailing address (if submitted in paper form) specified in the application instructions.

HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM

Spaces #1 - #3 – Applicant should put an X in the space that best describes the applicant's citizenship status. Please note that applicant should put an X in ONLY ONE of these spaces.

- If you put an X in Space #2 (legal permanent resident) OR Space #3 (qualified alien or non-immigrant), then applicant **MUST** write down the alien number that was issued by the Department of Homeland Security or other federal immigration agency in the space provided.

Spaces #4 - #5 – Applicant should fill in the city and state in which this affidavit form is being notarized.

AN APPLICATION CANNOT BE PROCESSED IF THE CITIZENSHIP AFFIDAVIT FORM IS NOT COMPLETELY FILLED OUT.

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334****www.ocl.ga.gov****Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)****O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

[Check ONLY ONE of the following:]

1) _____ I am a United States citizen; OR

2) _____ I am a legal permanent resident of the United States; OR

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

**OFFICE OF COMMISSIONER OF INSURANCE**

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Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334****www.oci.ga.gov****Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)****Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334**www.oci.ga.gov**Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)**

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
AGENCY LIST OF LICENSED OWNERS/OFFICERS/DIRECTORS

GID-130
031

1. GENERAL INSTRUCTIONS

List the names of all current owners. If the agency is a corporation, all current officers and directors must be listed. If the individuals are licensees in the State of Georgia, please provide their license numbers. Please enter only one character in each box. **If there are any owners, or officers, directors who are not licensed in the State of Georgia, a GID-130S form for each unlicensed individual must accompany this form.** Each agency must have one owner, officer, or director (the highest ranking official) who must be designated as the Responsible Individual. This is the person who must sign this application and who will be the principal contact person for all future correspondence concerning the agency and its relationship with the Georgia Insurance Department. Please indicate the Responsible Individual by marking an X in the appropriate box. **NOTE:** Even if you are filing as a branch office, you must still list the owners, officers, directors and the Responsible Individual at this agency location. Mark an X in the appropriate box to indicate whether the listed owners, officers, and directors are additions to the list or are to be deleted from future lists. If there are more owners, officers, and directors than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application – not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number blank until it is assigned.

Agency Name

License Number

FEIN or Social Security Number

3. LICENSED OWNERS, OFFICERS, AND DIRECTORS

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title License Number Social Security Number
☐ Add ☐ Designate as Responsible Individual ☐ Delete

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of licensed owners/officers/directors listed on this plus attached forms:

Page: of Page(s)

COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
AGENCY LIST OF LICENSED EMPLOYEES

GID-130
033

1. GENERAL INSTRUCTIONS

List the names of all current licensed employees. If an individual has already been included on the licensed owner/officer/director list, there is no need to also include him/her on the licensed employee list. For each licensed employee, please provide his/her Georgia insurance license number. Please enter only one character in each box. All employees (including support staff) must be listed regardless of whether they are directly involved in transacting insurance business. Employees who do not hold a Georgia insurance license should be listed on the page titled **Agency List of Unlicensed Employees**. Mark an X in the appropriate box to indicate whether the licensed employee is an addition to the list or to be deleted from future lists. If there are more licensed employees than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application – not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number and prefix blank until it can be assigned.

Agency Name

License Number

FEIN or Social Security Number

3. LICENSED EMPLOYEES

Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

License Number Social Security Number

Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

License Number Social Security Number

Last Name First Name MI Suffix (Jr., etc.)

Title
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License Number Social Security Number

Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

License Number Social Security Number

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of *licensed* employees listed on this plus attached forms: _____

Page: _____ of _____ Page(s)

COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
AGENCY LIST OF UNLICENSED EMPLOYEES

GID-130

1. GENERAL INSTRUCTIONS

List the names of all current unlicensed employees, including support staff. If a GID130S form has already been included for an unlicensed owner/officer/director, there is no need to also include him/her on the unlicensed employee list. For each unlicensed employee, please enter the complete name and title. All employees (including support staff) must be listed regardless of whether they are directly involved in transacting insurance business. Mark an X in the appropriate box to indicate whether the unlicensed employee is an addition to the list or to be deleted from future lists. If there are more unlicensed employees than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application – not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number until it can be assigned.

Agency Name

License Number

FEIN or Social Security Number

3. UNLICENSED EMPLOYEES

Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

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Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

Last Name First Name MI Suffix (Jr., etc.)

Title
☐ Add ☐ Delete

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of *unlicensed* employees listed on this plus attached forms: _____

Page: _____ of _____ Page(s)

GID-130
032

List the names of all insurance companies represented by the agency. This should be a comprehensive list of companies with whom the licensed employees have a current Georgia Certificate of Authority (appointment). Each agency must have at least one company affiliation in order to maintain the agency license. Mark an X in the appropriate box to indicate whether the companies are additions to the list or are to be deleted from future lists. If there are more companies than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page. **Note: If you do not know the NAIC Number, you may obtain this information at www.oci.ga.gov.**

Print the agency's name (exactly as it appears on the license application – not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number until it is assigned.

[illegible][illegible]

Company Name

☐ Add
☐ Delete

Co NAIC Number

[illegible][illegible][illegible][illegible][illegible]

Page: _____ of _____ Page(s)

AGENCY LICENSING SUPPLEMENT
STATE OF GEORGIA INSURANCE DEPARTMENT
AGENTS LICENSING SECTION
6TH FLOOR, WEST TOWER
FLOYD MEMORIAL BUILDING #2
MARTIN LUTHER KING, JR. DRIVE
ATLANTA GA, 30334

This form should be completed by all Agency owners, officers, and directors not licensed by the Georgia Insurance Department.

Full Name: _____
Last First Middle

Title: _____

Resident Address: _____
Street & Number

City State Zip Code

Social Security Number: _____ Date of Birth: _____

Agency Name: _____

Agency Location: _____
Street & Number

City State Zip Code

I hereby certify that the information contained in this entire application form GID130S is true and correct to the best of my knowledge and belief. I hereby give permission for a criminal background investigation.

Signature Date

Notary Seal Required

This _____ day of _____ 20 _____

Notary Public

My Commission Expires: _____

THIS FORM MUST BE FILED WITH FORM GID130 (AGENCY LICENSING)